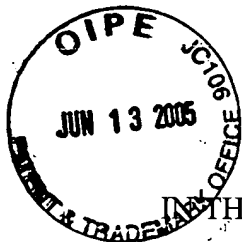


IFW



PATENT
Attorney Docket No.: MEDIV2010-4

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Epstein et al. Art Unit: 1636
Application No.: 10/618,183 Examiner: R. Akhavan
Filed: July 10, 2003 Conf. No.: 4304
Title: INJECTION OF BONE MARROW-DERIVED CELLS AND MEDIUM
FOR ANGIOGENESIS

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL SHEET

Sir:

Transmitted herewith for the above-identified application, please find:

1. Supplemental Application Data Sheet (8 pages); and
2. Return Receipt Postcard.

CERTIFICATION UNDER 37 CFR §1.8	
I hereby certify that the documents referred to as enclosed herein are being deposited with the United States Postal Service as first class mail on this date, June 10, 2005 , in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
Aldon Griffis (Name of Person Mailing Paper)	
Aldon Griffis (Signature)	June 10, 2005 (Date)

In re Application of:
Epstein et al.
Application No.: 10/618,183
Filed: July 10, 2003
Page 2

PATENT
Attorney Docket No.: MEDIV2010-4

No fee is deemed necessary in connection with this filing. However, if any fee is required, authorization is hereby given to charge any fees associated with the filings submitted herewith, or credit any overpayment to Deposit Account No. 07-1896. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Date: June 10, 2005



Lisa A. Haile, J.D., Ph.D.
Registration No. 38,347
Telephone: (858) 677-1456
Facsimile: (858) 677-1465

USPTO CUSTOMER NUMBER 28213
DLA PIPER RUDNICK GRAY CARY US LLP
4365 Executive Drive, Suite 1100
San Diego, California 92121-2133



INITIAL INFORMATION DATA SHEET

INVENTOR INFORMATION

Inventor One Given Name:: Stephen
Family Name:: Epstein
Name Suffix::
Postal Address Line One:: 11700 Danville Drive
Postal Address Line Two::
State or Province:: Maryland
Country:: USA
Postal or Zip Code:: 20852
City of Residence:: Rockville
State or Prov. of Residence:: Maryland
Country of Residence:: USA
Citizenship Country:: United States

Inventor Two Given Name:: Shmuel
Family Name:: Fuchs
Name Suffix::
Postal Address Line One:: 267 Rollins Avenue
Postal Address Line Two::
State or Province:: Maryland
Country:: USA
Postal or Zip Code:: 20852
City of Residence:: Rockville
State or Prov. of Residence:: Maryland
Country of Residence:: USA
Citizenship Country:: Israel

Inventor Three Given Name:: Ran
Family Name:: Kornowski
Name Suffix:: _____
Postal Address Line One:: 10 Eilon Street
Postal Address Line Two:: _____
State or Province:: Ramat Hasharon
Country:: Israel
Postal or Zip Code:: 47204
City of Residence:: Ramat Hasharon
State or Prov. of Residence:: Ramat Hasharon
Country of Residence:: Israel
Citizenship Country:: Israel

Inventor Four Given Name:: Martin B.
Family Name:: Leon
Name Suffix:: _____
Postal Address Line One:: 875 Park Avenue
Postal Address Line Two:: _____
State or Province:: New York
Country:: USA
Postal or Zip Code:: 10021
City of Residence:: New York
State or Prov. of Residence:: New York
Country of Residence:: USA
Citizenship Country:: United States

Inventor Five Given Name:: ~~Kenneth W.~~
Family Name:: ~~Carpenter~~
Name Suffix:: _____
Postal Address Line One:: ~~8719 Caminito Abrazo~~
Postal Address Line Two:: _____
State or Province:: ~~California~~
Country:: ~~USA~~
Postal or Zip Code:: ~~92037~~
City of Residence:: ~~La Jolla~~
State or Prov. of Residence:: ~~California~~
Country of Residence:: ~~USA~~
Citizenship Country:: ~~United States~~

CORRESPONDENCE ADDRESS: ~~Gray Cary Ware & Freidenrich LLP~~
_____~~4365 Executive Drive, Suite 1100~~
_____~~San Diego, CA 92121-2133~~

CORRESPONDENCE CUSTOMER NUMBER :: ~~28213~~

APPLICATION INFORMATION

Title Line One:: ~~INJECTION OF BONE MARROW DERIVED CELLS AND~~
Title Line Two:: ~~MEDIUM FOR ANGIOGENESIS~~

Total Drawing Sheets:: ~~Two~~
Formal Drawings?: ~~Yes~~
Application Type:: ~~Continuation-in-Part~~
Docket Number:: ~~MEDIV2010-4~~

CONTINUITY INFORMATION

This application is a :: Continuation in Part

>Application One:: 10/160,514

Filing Date:: June 6, 2002

which is a:: Continuation in Part

>Application Two:: 09/868,411

Filing Date:: June 14, 2001

which relies priority of:: Provisional

>Application Three:: 60/138,379

Filing Date:: June 9, 1999

which relies priority of:: Provisional

>Application Four:: 60/126,800

Filing Date:: March 30, 1999

PRIOR FOREIGN APPLICATIONS

Foreign Application Five:: PCT/US00/08353

Filing Date:: March 30, 2000

Country:: PCT

SUPPLEMENTAL APPLICATION DATA SHEET

Application Information

Application Number:: 10/618,183
Filing Date:: 07/10/2003
Application Type:: Regular
Subject Matter:: Utility
Title:: Injection of Bone Marrow-Derived Cells and
Medium for Angiogenesis
Attorney Docket Number:: MEDIV2010-4
Total Drawing Sheets:: 4
Small Entity:: Yes

Applicant Information

Applicant Authority Type One:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Stephen
Middle Name::
Family Name:: Epstein
Name Suffix::
State of Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 11700 Danville Drive
City of Mailing Address:: Rockville
State or Prov. of Mailing Address:: MD
Country of Mailing Address:: US
Postal/Zip Code of Mailing Address:: 20852

Applicant Authority Type Two:: Inventor

Primary Citizenship Country:: Israel

Status:: Full Capacity

Given Name:: Shmuel

Middle Name::

Family Name:: Fuchs

Name Suffix::

State of Province of Residence::

Country of Residence:: US

Street of Mailing Address:: 267 Rollins Avenue

City of Mailing Address:: Rockville

State or Prov. of Mailing Address:: MD

Country of Mailing Address:: US

Postal/Zip Code of Mailing Address:: 20852

Applicant Authority Type Three:: Inventor

Primary Citizenship Country:: Israel

Status:: Full Capacity

Given Name:: Ran

Middle Name::

Family Name:: Kornowski

Name Suffix::

State of Province of Residence::

Country of Residence:: Israel

Street of Mailing Address:: 2 Nachal Kidron Street

City of Mailing Address:: Ramat-Hasharon

State or Prov. of Mailing Address::

Country of Mailing Address:: Israel

Postal/Zip Code of Mailing Address:: 47314

Applicant Authority Type Four:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Martin

Middle Name:: B.

Family Name:: Leon

Name Suffix::

State of Province of Residence:: NY

Country of Residence:: US

Street of Mailing Address:: 875 Park Avenue, Apartment 12B

City of Mailing Address:: New York

State or Prov. of Mailing Address:: NY

Country of Mailing Address:: US

Postal/Zip Code of Mailing Address:: 10021

Applicant Authority Type Five:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Kenneth

Middle Name:: W.

Family Name:: Carpenter

Name Suffix::

State of Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 2500 Sixth Avenue

City of Mailing Address:: San Diego

State or Prov. of Mailing Address:: CA

Country of Mailing Address:: US

Postal/Zip Code of Mailing Address:: 92103

Correspondence Information**Correspondence Customer Number::**28213**Name::**DLA Piper Rudnick Gray Cary US LLP**Street of Mailing Address::**4365 Executive Drive, Suite 1100**City of Mailing Address::**San Diego**State or Prov. of Mailing Address::**CA**Country of Mailing Address::**US**Phone Number::**(858) 677-1400**Fax Number::**(858) 677-1465**E-Mail Address::**lisa.haile@dlapiper.com**Domestic Priority Information**

<u>Application::</u>	<u>Continuity Type::</u>	<u>Parent Application::</u>	<u>Parent Filing Date::</u>
10/618,183	Continuation-in-part of	10/160,514	05/30/2002
10/160,514	Continuation-in-part of	09/868,411	06/14/2001
09/868,411	National Stage of	PCT/US00/08353	03/30/2000
PCT/US00/08353	An application claiming the benefit under 35 USC 119(e)	60/138,379 60/126,800	06/09/1999 03/30/1999

Foreign Priority Information

<u>Country::</u>	<u>Application Number::</u>	<u>Filing Date::</u>	<u>Priority Claimed::</u>
PCT	PCT/US00/08353	03/30/2000	Yes

Assignee Information**Assignee Name::**Myocardial Therapeutics, Inc.**Street of Mailing Address::**6350 Nancy Ridge Drive**City of Mailing Address::**San Diego**State or Prov. of Mailing Address::**CA**Country of Mailing Address::**US**Postal/Zip Code of Mailing Adr::**92121